

1 **EXHIBIT B**

2 **Medical Referral for X-rays**

3 **Referring Physician:** Dr. Vinson Christenson

4 **Referral Date:** March–April 2025

5 **Facility:** Reno Diagnostic Centers

6 **Purpose:** Referral for X-rays and additional imaging for injuries sustained in March 19, 2025
vehicle collision.

7 Submitted in support of:

8 **Plaintiff's Motion for Extension of Time to File Reply**

9 Case No. 3:24-cv-00526-ART-CSD

U.S. District Court, District of Nevada

10 Submitted by:

11 **Drew J. Ribar**

12 Plaintiff, Pro Se

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Exam Date/Time:	Patient Name:	Date of Birth:
Ribar, Drew	5-9-68	
Patient Home/Work/Cell Number:	Patient Email:	
775-223-7899	Drewribar@gmail.com	
Exam #1 Requested:	CONTRAST: <input type="checkbox"/> W/ <input type="checkbox"/> W/O <input type="checkbox"/> W & W/O	Reno Diagnostic Centers Offers:
C-SPINE X-RAY 7 VIEW AP, LAT, FLEX, EXT. <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL APOM	OBliqueS Radiologist may modify CT or MRI use of contrast media based on patient's history. <input type="checkbox"/> No, radiologist may not change exam protocol unless new written or verbal order is obtained.	Comprehensive Women's Services: <input type="checkbox"/> Mammogram-Screening (<input type="checkbox"/> If dense breast tissue, then Whole Breast Ultrasound) <input type="checkbox"/> Mammogram-Diagnostic (w/ Ultrasound if indicated) <input type="checkbox"/> 3D Mammogram-Tomosynthesis <input type="checkbox"/> Whole Breast Ultrasound Screening (for women with dense breasts) <input type="checkbox"/> Stereotactic Biopsies
Reason for Exam #1 (signs/symptoms - no R/O diagnosis): S13.4XXA	ICD-10 Code:	X-ray Walk-in x-rays are accepted, however, patients are strongly encouraged to schedule to minimize wait time.
Exam #2 Requested:	CONTRAST: <input type="checkbox"/> W/ <input type="checkbox"/> W/O <input type="checkbox"/> W & W/O	Ultrasound Pelvic: <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal <input type="checkbox"/> Both Transabdominal & Transvaginal (if indicated)
T-SPINE X-RAY AP, LAT., SWIMMERS <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL	OBliqueS Radiologist may modify CT or MRI use of contrast media based on patient's history. <input type="checkbox"/> No, radiologist may not change exam protocol unless new written or verbal order is obtained.	3T Wide Bore MRI 1.5T Wide Bore MRI 64-Slice CT Coronary CT Nuclear Medicine Gastric Emptying (Tougas Protocol) Myocardial Perfusion Imaging (Lexiscan)
Reason for Exam #2 (signs/symptoms - no R/O diagnosis): S29.012A	ICD-10 Code:	PET/CT Digital Fluoroscopy DEXA - Bone Density Testing Echocardiogram (including Pediatrics) Body Fat Analysis <input type="checkbox"/> BUN/Creatinine Testing (if needed for contrast)
Additional Exam(s)/Notes: EXAM #3 L-SPINE X-RAY AP, LAT, FLEX, & EXT. HAVE AP VIEW BE A LUMBOPELVIC VIEW	S39.012A	STAT Report will be called within 2 hours.* Provider cell phone:
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Normal Report will be faxed within 24 hours.* Provider fax number:	<input type="checkbox"/> Expedited Report will be faxed within 4 hours.* Provider fax number:

** Except for after hours, weekends, and holidays.*

All images are immediately available online at www.RenoDiagnosticCenters.com

Send To:

Send Images On: CD Paper Patient to hand carry

Previous Images Located:

Name of Health Plan:

ID #:

Authorization #:

Referring Provider Signature:

Referring Provider Name & Address:

Today's Date:

Please bring this requisition with you.

Please check location.

*See back for maps

On Maps.

 **Downtown Reno**
590 Eureka Ave.
Reno, NV 89512

 Southwest Reno
625 Sierra Rose Dr.
Reno, NV 89511